

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90067 012 *****61.25

DOCUMENT # 736743

1. Entity Name

MEMORIAL EVANGELICAL LUTHERAN CHURCH OF ST. AUGUSTINE, FLORIDA, INC.



Principal Place of Business

**3375 US #1 SOUTH
SAINT AUGUSTINE FL 32086**

Mailing Address

**3375 US #1 SOUTH
SAINT AUGUSTINE FL 32086
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2311622**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**UPCHURCH, HAMILTON D.
% UPCHURCH, BAILEY & UPCHURCH, ATTYS.
ATLANTIC BANK BLDG.
ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHIMMEL, YVONNE	
STREET ADDRESS	702 WILKES CT	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BARNARD, NANCY J.	
STREET ADDRESS	2884 KINGS RD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	FS	<input type="checkbox"/> Delete
NAME	MOORE, FRAN	
STREET ADDRESS	3 MATANZAS CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DELANEY, JOHN	
STREET ADDRESS	240 TREASURE BCH RD	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ABBUHL, LORRAINE	
STREET ADDRESS	6908 CYPRESS PT RD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	PD	<input checked="" type="checkbox"/> Delete Add
NAME	Anderson, RYAN	
STREET ADDRESS	446 LOBELIA RD.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, CAROL	
STREET ADDRESS	612 CHRISTINA DR.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHIMMEL, ROBERT T.	
STREET ADDRESS	702 WILKES CT.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT T. SCHIMMEL 3/23/03 794-7676

CR2E037 (10/02)